



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov>

MORTGAGE BROKER BRANCH OFFICE CLOSURE / SURRENDER

**FORM MU3 UNIFORM MORTGAGE BRANCH OFFICE FORM
JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE**

Check the “Surrender” box on the *form MU3* and complete only items **2, 7 and the execution block** to notify WA Department of Financial Institutions (DFI) of your decision to cease operations in WA under the existing Mortgage Broker branch office license. **Along with the *form MU3*, send the following to DFI.** Documents and forms referenced by *italics* below are available from our website at <http://www.dfi.wa.gov/cs/mortgage.htm> for your convenience.

1. **FEE** – Make your check payable to the “Washington State Treasurer.” Clip it (no staples) to the top of the application package. \$530.86 per location is the Annual Assessment fee. Closures: Annual Assessment fee must be brought current
2. **TRUST ACCOUNTING** – If your branch office maintained a separate trust account, any remaining borrower funds remaining in that trust account should be submitted to the WA Dept of Revenue, Unclaimed Property Division online <http://www.dor.wa.gov> or phone (360)705-6706.
3. **SURRENDER ORIGINAL LICENSE** – Send the old original branch license to DFI.
4. **STILL NEED HELP?** Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.
5. **DELIVERY** – Keep copies of everything, and send original *Form MU3* and all attachments to:

Via US Postal Service	Via other couriers (eg: FedEx, UPS, etc)
Dept of Financial Institutions	Dept of Financial Institutions
Division of Consumer Services	Division of Consumer Services
PO Box 41200	150 Israel Rd SW
Olympia WA 98504-1200	Tumwater WA 98501

FORM MU3 (Branch)	UNIFORM MORTGAGE BRANCH OFFICE FORM	MORTGAGE BROKER <input type="checkbox"/>
	<i>Applicant</i> full legal name: _____	MORTGAGE LENDER <input type="checkbox"/>
	Date of Filing: _____ Effective Date: _____	MORTGAGE SERVICER <input type="checkbox"/>

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

1.	NEW BRANCH APPLICATION <input type="checkbox"/>	SURRENDER <input type="checkbox"/>	AMENDMENT <input type="checkbox"/> <i>Complete only the item(s) being amended.</i>
2.	_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2a.	_____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3.	_____ Mailing address or P.O. Box (if applicable) _____ Mailing address City, State/Country, Zip+4/Postal Code	3a.	_____ NEW Mailing address or P.O. Box (if applicable) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4.	_____ Business (Area Code) and Telephone Number _____ Fax (Area Code) and Number _____ Branch e-mail _____ Branch website	4a.	_____ NEW Business (Area Code) and Telephone Number _____ NEW Fax (Area Code) and Number _____ NEW Branch e-mail _____ NEW Branch website
5.	_____ Trade name or "dba" used at this branch	5a.	_____ NEW Trade name or "dba" used at this branch
6.	_____ Branch Manager Name _____ Supervisor Name	6a.	_____ NEW Branch Manager Name _____ NEW Supervisor Name

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she is an officer of the *applicant* and has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Notary seal here	_____	_____	_____
	Date (MM/DD/YYYY)	Signature of authorized party	Title
	Subscribed & Sworn before me	_____	by _____
		Print Notary Public name	Print authorized party name
	on this _____ day of _____	_____	at _____
	Month	Year	State County
	Notary Public Signature	Notary Appointment Expires (MM/DD/YYYY)	

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

<i>Applicant</i> full legal name: _____	
7.	Physical address of location where the official books and records generated by this branch office will be kept. Check each <i>jurisdiction</i>

[illegible]